



## CalSTRS 403(b) Plan Maximum Exclusion Allowance Questionnaire

CalSTRS offers this calculation to its 403(b) participants as a service. The answers you provide to the questions are relied upon to do the computations. Therefore, the accuracy of our calculations will depend on the accuracy of the information provided.

Please remember that the Maximum Exclusion Allowance will be determined based upon your age, compensation, years of service, previous 403(b) contributions, and other retirement plans in which you participate. It is important that you provide all pertinent information. You may want to have someone in your Benefits Department help you if you are unfamiliar with the retirement plan(s) maintained by your district or school.

### Participant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Section 1

1. At what age do you plan to retire: \_\_\_\_\_ (Your normal retirement age is 65)
2. Please indicate the end of the MONTH that you will retire: \_\_\_\_\_
3. Gross annual income you will receive from your employer this year: \_\_\_\_\_

### Additional Information

4. Please provide any additional taxable compensation you receive: \_\_\_\_\_

5. Section 125: \_\_\_\_\_

6. Calendar Year this MEA calculation is for: \_\_\_\_\_

***NOTE: This MEA calculation is for one single Calendar year and may not be used across Calendar years. A MEA must be calculated for each separate Calendar year.***

7. Have you ever elected a Special Catch-up Option? \_\_\_\_\_

If you have selected an Alternate Election in a prior year then you are limited to using the Alternate Election in all future years.

8. Do you wish to calculate year of separation from service? \_\_\_\_\_

If you are within one year of retirement you may want to calculate and use this election.

## Section 2

1. Do you work full-time or part-time? \_\_\_\_\_
2. What was your initial date of employment with your current employer? \_\_\_\_\_
3. You will have \_\_\_\_\_ years of service at the end of this year.
4. When did you enter the retirement plan? \_\_\_\_\_
5. Enter any additional years of service that may be credited (i.e. military or prior employment)  
\_\_\_\_\_
6. At the end of 2000 you will have \_\_\_\_\_ years in the retirement Program.

## Section 3

1. If applicable, please enter the total of all voluntary prior years contributions made in excess of the allowable salary deferral limitations (\$10,000.00) per year since 12/31/86 \_\_\_\_\_.
2. How much have you contributed on an after-tax basis through the end of last year:  
\_\_\_\_\_
3. How much have you contributed on an after-tax basis through the end of last year for the past 10 years: \_\_\_\_\_
4. Does your employer contribute excess fringe benefit money to your CalSTRS 403(b) Program? \_\_\_\_\_  
If yes, please enter the amount since your date of hire \_\_\_\_\_ and for this year only \_\_\_\_\_.

## Section 4

### Employee Optional Contribution

1. How much will you contribute before taxes to the following types of plans during 1999? Depending upon how the contributions are made, enter either a specific dollar amount for the year or a percentage of gross income.

403(b)	Dollars	_____	or	Percent	_____
401(k)/SEP	Dollars	_____	or	Percent	_____
457	Dollars	_____	or	Percent	_____
Other	Dollars	_____	or	Percent	_____

Employer Optional or Matching Contribution.

2. Is the employer's contribution calculated on a matching basis? If yes, please indicate the percentage below and the maximum, if applicable.

403(b)	No	_____	or	Match %	_____	Maximum %	_____
401(k)/SEP	No	_____	or	Match %	_____	Maximum %	_____
457	No	_____	or	Match %	_____	Maximum %	_____
Other	No	_____	or	Match %	_____	Maximum %	_____

### Section 5

Total of all prior contributions over past years with present employer.

1. Enter the total amount that has been contributed to the following retirement plans while you have ***worked with this employer*** through the end of last year:

403(b)	by Employee	_____	by Employer	_____
401(k)	by Employee	_____	by Employer	_____
457	by Employee	_____	by Employer	_____
Other	by Employee	_____	by Employer	_____

2. If you are within one year of retirement, enter the total contributed during the last ten years to the following retirement plans while you have worked with all employers through the end of last year:

403(b)	by Employee	_____	by Employer	_____
401(k)	by Employee	_____	by Employer	_____
457	by Employee	_____	by Employer	_____
Other	by Employee	_____	by Employer	_____

I have been informed concerning, and agree to, the following conditions:

That my election will be subject to retroactive opinions and rulings issued and to be issued by the Internal Revenue Service ("IRS") affecting Section 403(b) and Section 415 of the Internal Revenue Code ("IRC").

Any change in interpretation of applicable sections of the IRC may require recalculation of my Maximum Exclusion Allowance ("MEA") and a change in the amount and/or tax status of accounts purchased under the provisions of the IRC.

In the event of an adverse ruling by the IRS regarding the calculation of my MEA or purchase of Tax Deferred Accounts, I agree to be responsible to the IRS and agree that my employer has

my permission to make such adjustments in the amount of my MEA as is deemed necessary for compliance with such rulings.

These calculations have been made using information provided by you. The accuracy of the calculations is dependent on the reliability of the information you provided. These estimates may not be applicable when there is a decrease in your salary. This form should not be construed as legal or tax advice and is meant to be used as a guide only. Consult your tax advisor or attorney if you have any questions.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return your completed questionnaire to the following address:

For overnight delivery:

State Street Global Advisors  
Attn: CalSTRS 403(b) Program Unit  
Batterymarch Park III, 2<sup>nd</sup> Fl.  
Quincy, MA 02169

For Regular Delivery:

State Street Global Advisors  
Attn: CalSTRS 403(b) Program Unit  
P.O. Box 9195  
Boston, MA 02209

Your MEA calculation will be completed and mailed to you within 5 business days of receipt.